HHC 2017-111 2/3/17 Attached: pages 19-23

# **Vermont Judiciary**

## **Annual Statistical Report for FY16**

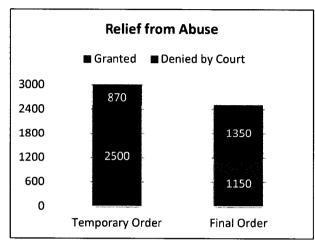
Specific Reference to Mental Health Cases can be found on pages 19 through 23 at the link below:

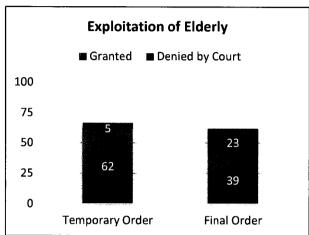
https://www.vermontjudiciary.org/JC/Shared%20Documents/FY16%20Statistical%20Report%200-%20FINAL%20121516.pdf

Brian G

#### **Protection Orders for Relief from Abuse**

A temporary order was granted in 74% of relief from abuse cases and in 93% of cases involving exploitation of the elderly. Of the 2,500 relief from abuse temporary orders granted, 54% were later dismissed or withdrawn. The remaining 46% were granted a final order. Of the 62 exploitation of the elderly temporary orders granted, 37% were later dismissed or withdrawn. The remaining 63% were granted a final order.



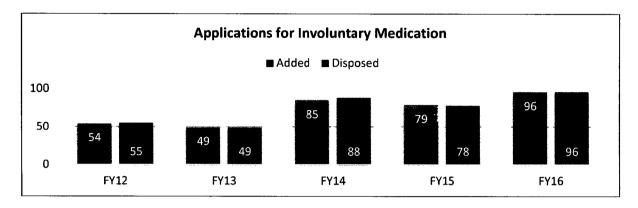


## Family Division: Mental Health

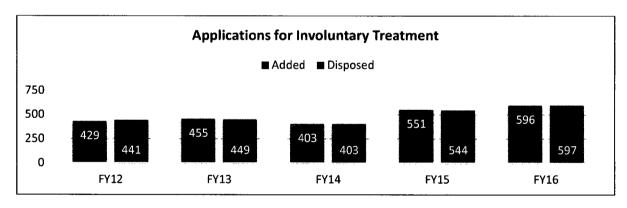
There are three types of Mental Health cases filed in the Family Division by the Department of Mental Health. The first is an application for involuntary treatment (sometimes referred to as an AIT), where the State is seeking a 90 day order from the Court that a person either be involuntarily placed in a designated psychiatric hospital or placed in the community on an order of non-hospitalization (often referred to as an ONH) because the person suffers from a mental illness and is a danger either to himself/herself or others. When involuntary hospitalization is requested, the applications are generally filed only in a county where there is a designated psychiatric hospital. If the Court issues an order for involuntary treatment, the State can seek to have the order extended for up to a year by filing the second type of Mental Health Case known as an application for continued treatment. The third case type in the mental health docket is an application for involuntary medication. In these cases the State is seeking to involuntarily medicate a person who is suffering from a mental illness. In almost all of such cases, the person is hospitalized at a designated psychiatric hospital under an order for involuntary treatment.

## **Trends**

The fastest growing case type in the mental health docket is involuntary medication. While the numbers of cases still remain small in comparison to applications for involuntary treatment or continued treatment, they nearly doubled in FY16 as compared to FY12. From a workload perspective medication cases require a significant amount of judge time since they are almost always contested. They also place a significant burden on the family division units where a designated hospital is located.

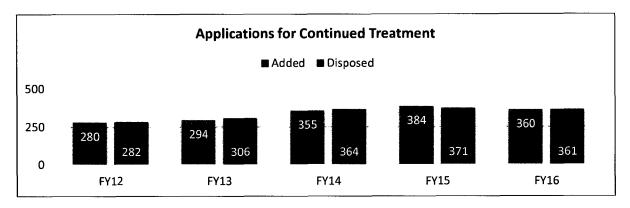


There were 596 applications for involuntary treatment in FY16, about 8% more than the prior year.



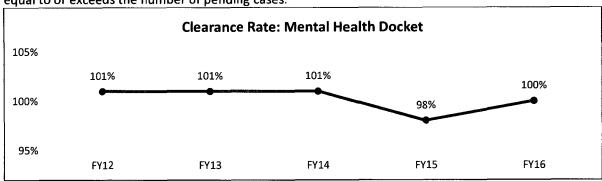
#### **Applications for Continued Treatment**

Finally, applications for continued treatment have decreased 6% in the last year. There are relatively few contested hearings on these applications since the vast majority involves persons living in the community receiving services from a local community mental health agency. Most resolve by agreement with a consent judgment.



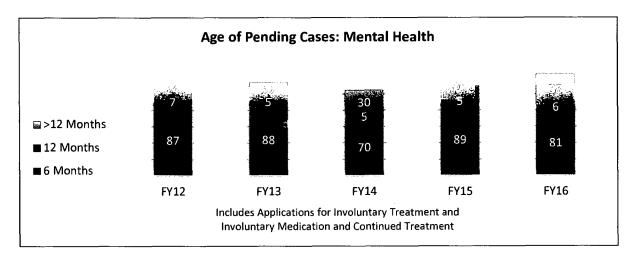
### **Clearance Rate**

Mental Health cases, regardless of case type, are subject to tight statutory time frames. The overall clearance rate should be consistently at or above 100%, in other words, the number of cases disposed is equal to or exceeds the number of pending cases.



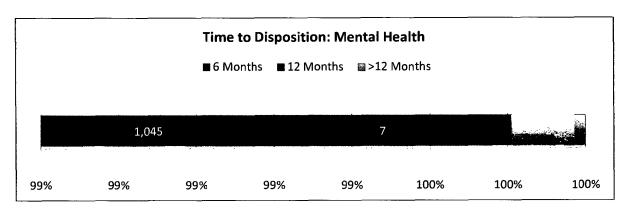
## **Age of Pending Caseload**

The number of mental health cases pending at end of year has stayed fairly constant since FY12. Of the 125 cases pending at the end of FY16, 65% were pending less than 6 months.



## **Time to Disposition**

99% of all mental health cases were disposed in less than 6 months.



## **Method of Disposition**

Although smaller in number in terms of cases filed, a high percentage (67%) of applications for involuntary medication requires a contested hearing. By contrast, only 9% of applications for involuntary treatment are contested and 13% of applications for continued treatment are contested. The majority of these latter cases are resolved by consent or dismissed by the State.

